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ABSTRACT

The seventh part of a 10-part series, this report was compiled by the Educational Development Center at Wilkes College. The series deals with various aspects of the treatment of delinquents and is intended as a summary of research findings in each of the areas treated. Each report was prepared by a scholar-practitioner and is presented in a way that will be of value to professionals who deal both directly and indirectly with the treatment of delinquent youth. The report is, in fact, one manuscript of 627 pages; however, to make it more easily used, it is published in 10 separate parts. A detailed table of contents for the entire series is presented at the end of each part. This part deals with drug and alcohol use and abuse by adolescents. After presenting a learning theory approach to the problem, it discusses how and why drugs tend to be used by youths in American society. It also contains sections of information on marijuana, amphetamines, alcohol, and other commonly abused drugs. (Author)

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THE TREATMENT OF DELINQUENCY SERIES

AN EDC REPORT

CHAPTER 7

A Review of Drug Abuse and Alcohol Abuse Among Children and Youth

Antoinette B. Lotsof

Northern Illinois University

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Editor's Preface

This report is part of a ten part series compiled by the Educational Development Center at Wilkes College. The series deals with various aspects of the treatment of delinquents and is intended as a summary of research findings in each of the areas treated. Each report was prepared by a scholar-practitioner and is presented in a way that will be of value to those whose calling has led them to educational careers dealing both directly and indirectly with the treatment of delinquent youth. The report is, in fact, one manuscript of 627 pages; however, to make it more easily used, it is published in ten separate parts. A detailed table of contents for the entire series is presented at the end of this part.

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We invite any and all comments and/or inquiries concerning this series.

Joseph A. Skok, D.P.A.

Director
Educational Development Center

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CHAPTER VII

A REVIEW OF DRUG AND ALCOHOL ABUSE AMONG CHILDREN AND YOUTH

Antoinette B. Lotsof

Introduction

American society today is facing a major social problem of which two decades ago it was barely aware. Because this issue affects our young people, it threatens the very foundation of our society. The American culture is youth oriented. To have our young people abusing drugs has disturbed American society perhaps more than any other issue has for a long, long time.

During the late 60's and early 70's, the accelerated increase in drug usage by young people became a frightening yet fascinating phenomenon to the general populace, particularly to parents. Although drug abuse had been with us for many, many years, it had not reached the conscience of the public until the use of illicit drugs became evident among the middle-class youth. Prior to this time, the use of illegal drugs had been fairly confined to the ghettos and slum areas. But when the middle-class youngsters became entranced with the use of drugs, the whole nation took notice. Puzzled and bewildered parents

ask the question: "How could this happen?" The times were affluent. Children had many more advantages than their parents, many of whom had experienced the austere days of the depression. Why were the young people not happier, more satisfied, more capable of taking advantage of the abundant opportunities available to them?

Anne McLeod in Growing Up in America: A Background to Contemporary Drug Abuse (1973) noted:

> Drug abuse by the young seems a violent repudiation of this familiar dream. The use of drugs for sensation or escape would seem to signal a deep dissatisfaction with life as it is, yet to many adults, the life of at least the middle-class youngster of the 1970's looks far more comfortable and more privileged than was their own in the teen years. Many parents of today's teenagers were themselves children of the depression; by comparison with those drab and difficult years, today seems incredibly affluent and, for children, easy.

Today's society is not the same society of thirty or forty years ago. Change has been rapid, life has become more complicated, and the stresses and strains of a rapidly changing society have been felt by young and old alike. Alvin Toffler states in Future Shock (1970):

> Much that now strikes us as incomprehensible would be far less so if we took a fresh look at the racing rate of change that makes reality seem, sometimes, like a kaleidoscope run wild. For the acceleration of change does not merely buffet industries or nations. It is a concrete force that reaches deep into our personal lives, compels us to act out new roles, and confronts us with the danger of a new and powerful upsetting psychological disease. The new disease can be called "future shock" and a knowledge of its sources and symptoms helps explain many things that otherwise defy rational analysis.

Young people are victims of this rapid change and "there is every reason to believe that many of the newer features of contemporary American culture make growing up more, rather than less, difficult" (McLeod, 1973). A 1970 White House Conference on Children Forum stated its concern: "Millions of our children are turning to drugs. Venereal disease ratios are soaring. The teen suicide rate is shocking. FBI reports show the juvenile crime rate hitting record highs. . .great numbers of young people are alienated from their parents."

The number of children each year who run away may be indicative of the unhappiness felt by young people. It has been estimated that as many as a million young people "split" each year (Senate Hearings in 1972 on the Runaway Youth Act). Youcha (1973, p. 48) states: "There is no typical runaway: they come from all social and economic backgrounds, from suburbs and inner cities, from intact and from seriously disorganized families."

Alienation from school seems to be another indice of the difficulties young people are exhibiting. It is estimated that one million students drop out of school before graduating. This estimate was obtained by comparing the 3.0 million people who graduated from high school in 1972 with the enrollment of 4.0 million in the fifth grade eight years earlier (HEW, 1973, p. 88). Some of the major reasons given by dropouts for leaving school include: preferred work to

school, disliked courses and teachers, had no interest in school, needed money, had low mentality, failed in school work, and lacked adequate guidance.

Perhaps more important than the dropouts are the children who conform to schooling but who spend their energies avoiding difficulties with school authorities or who daydream their school year away. James Herndon in "How to Survive in Your Native Land" puts it very well (1971, p. 68):

> You forget that kids really know the score, know that you, some nutty individual teacher with whom they are saddled for no reason of their own, think about it; they have their parents and future teachers and their cum folders and their high school counselors and achievement tests . . . to satisfy. They have lives to lead, something which is often forgotten . . . and for many kids the school was only a gambit to be achieved in some way within those lives . . . nothing relevant, crucial only in that it shouldn't get messed up and be allowed or forced to intrude.

Learning Theory Approach

This tremendous increase of the use of illegal as well as legal drugs is indicative of a social phenomenon which we are hard pressed to explain. To rationalize the misuse of drugs as a reaction to the stresses and strains of modern life does not go far enough and over-simplifies a very complex phenomenon. It must be understood that drug taking is a behavior. It follows all the laws and rules of any other

type of behavior. It will persist if it provides pleasure or reduces pain. Drugs in and of themselves are neither good nor bad. The use an individual makes of drugs is either beneficial or detrimental. It is the behavior of the individual with which we should be concerned. Two examples relating positive and negative reinforcement to drug use will be described within the context of a plausible search to illustrate the relationship between drug use and specific behavioral patterns.

Positive Reinforcement

Thomas Crowley in his article "The Reinforcers for Drug Abuse: Why People Take Drugs" (1972) discusses drug-taking behavior from a learning theory point of view. In operant conditioning terms, when a particular behavior is regularly reinforced, the individual will exhibit that behavior with increasing frequency. Certain of the illicit drugs act as primary reinforcers, that is, they are reinforcing in and of themselves, they cause a pleasurable feeling. Methamphetamines (speed), when injected intravenously, produce an immediate intense physical pleasure often described as "a whole body orgasm." Intravenous injection of heroin produces a similar reaction. This immediate reaction is followed by a sense of well being and euphoria.

Animal studies have confirmed this contention that certain drugs act as primary reinforcers while others do not. Confined, isolated monkeys will press levers to obtain injections of morphine, codeine, cocaine, amphetamines, phenobarbitol, ethanol, and caffeine (Deneau, Yanagita, & Seevers, 1969). Monkeys do not press the lever for injections for certain other slower-acting drugs. Even some drugs taken orally can act as primary reinforcers. The fast-acting barbiturates will increase drug-taking behavior more than slow-acting barbiturates.

Considering that the effect of these drugs is potentially pleasurable to anyone, why is it that some people abuse them and others do not? Some individuals are thwarted by the illegality of drugs or social pressure against their use. Cultural pressures mediate more strongly against the use of illicit drugs than against the use of alcohol. Cultural pressure does affect the actions of some of the young people, but alone it cannot account for the behavior of all who refrain from drug use.

According to social learning theory (Rotter, 1971), individuals need some satisfactions (positive reinforcements) in their lives. If other areas of their lives do not produce them, then they are more vulnerable to the temptations of the pleasures experienced in drugs. Recognizing the human animal as a social being, one of life's most needed satisfactions is that of social interaction. Students who have developed no warm relationship with peers or with their parents have a

real lack in their lives. If at the same time they receive no recognition for some type of accomplishment, are having difficulty with authority figures, live in a drab poverty-stricken environment, the potential for turning to the pleasures of chemical agents increases alarmingly. They have no positive reinforcers available to them in their environment. Drugs, at least, provide a feeling of pleasure.

Negative Reinforcement

A negative reinforcement, as differentiated from punishment, is a stimulus which, when stopped, continues to reinforce behavior. The sudden, complete discontinuation of drugs of physical addiction (alcohol, barbiturates, and opiates) causes withdrawal symptoms. These symptoms are aversive in nature, that is to say, they are extremely unpleasant to the person experiencing withdrawal reactions. Therefore, they are negatively reinforcing. The drug addict will go to great effort to obtain the drug of addiction and to ingest or inject it to avoid the aversiveness of withdrawal. The withdrawal symptoms of heroin cause chills, cramps, nausea, and other symptoms quite similar to an extremely severe case of the flue. It is thought that the term cold turkey, which is the term used when a person is withdrawing from heroin without medical help, originates from the appearance of the individual undergoing withdrawal. The body is often covered with

goose pimples reminiscent of the appearance of a plucked turkey. The term kick the habit probably originated from the kicking movements of the extremities caused by muscle spasms characteristic of heroin withdrawal.

A drug addict will do almost anything to get a fix in order to avoid the aversive effect of withdrawal illness. As one addict states: "I take heroin to feel normal." The termination of the withdrawal state negatively reinforces drug administration.

Many adults have felt the glow after alcohol intake. Unpleasant environmental factors become less unpleasant. The heroin user can reduce the pain of environmental unpleasantness by escaping into the euphoric sensation that heroin use produces. Barbiturates provide the same sort of insulation against aversive environmental factors.

The Way Drugs Are Used

The "who" that uses drugs involves almost everyone. But the "who" that become drug abusers are specific. Most users of drugs do not become abusers. Users can be classified for discussion as experimental users, recreational users, or compulsive abusers.

Experimental User

The use of drugs means different things to different people. There are those who have heard of the effects of mood-altering drugs

and are eager to try them. Experimental drug use evolves from curiosity and peer pressure. Adolescents who experiment with psycho-active or recreational chemicals ar people who are acting out the same basic actions as the average person. Curiosity is a part of normal healthy personality and the desire to experience new sensations is not pathological. As one high school student said after he and all the rest of the school's students were required to attend an all-day workshop on drugs with the cessation of all other academic work: "There must be something there worth trying."

Recreational User

Mood-altering drugs are often used for social facilitation. Recreational chemicals are served at social gatherings to help the guests become more relaxed and congenial. The pot party and the cocktail party are part of our culture and the substances used help facilitate social interaction. The chemicals are used to heighten the enjoyment of an already pleasurable occasion.

With some teenagers, the use of drugs gives them an entry into a social group. Many of these youngsters have been on the outside looking in when it comes to peer interaction. The use of drugs, then, not only provides socialization but also furnishes them with a peer group identification which without drugs they do not have.

Compulsive Abuser

A certain percent of experimental or social users may become compulsive abusers. These people are persons with definite personal and emotional problems.

Dobner (1972b, p. 329) says:

> Mood-altering drugs may serve as psychological support (escape, release) in a large number of stressful situations. They can be used in attempts to blunt or alleviate pain and discomfort, real or imagined, due to physical, psychological, social, or vocational conditions. The abuser may be attempting to diminish frustration, depression, tension, or anxiety related to job, school, home, family, or self-image.

The chronic drug abuser is unable or unwilling to solve his own problems. With the use of chemicals, his problems appear not as painful nor are the realities of his life as harsh.

Societal Conditions Which Encourage Drug Consumption

The common practice when confronting the drug problem is to refer to illegal drugs only. Little or no concern is exhibited with the intake of legal drugs. Drugs purchased by prescription or across the counter are overlooked as a potential hazard. Yet the statistics showing the vast quantities of legal drugs consumed each year would indicate that America is a drug-oriented society. It is estimated that half of the sedatives and tranquilizers prescribed by physicians are given unnecessarily. As Cornacchia, Bentel, and Smith (1973, p. 9)

state: "In 1970, 202 million legal prescriptions for psycho-active drugs--stimulants, sedatives, tranquilizers, and anti-depressants--were filled in pharmacies for patients or physicians." Sleeping aids, aspirin compounds, vitamins, cough syrups and drops, laxatives, and pain killers fill the shelves of drug stores. In 1970, it was estimated that about 15 billion aspirin tablets were consumed by the population of this country each year (Bureau of Narcotics and Dangerous Drugs, 1970). This amounted to about 750 pills for every person per year, approximately two a day per person, in the United States. There is no evidence that the American public is less prone today to relying on aspirin for relief of headaches, nervous tension, or many other human ailments.

The American public is urged to solve their problems through chemicals by the mass media. Television alone has tremendous impact. "Everyone has a sleepless night once in a while so take a Sominex." "Got a headache, take an aspirin." Even the dramatic stories coming to us through this media stress the use of chemicals. Whenever a crisis arises, the hero either lights up a cigarette or takes an alcoholic drink. Inevitable, the hero or heroine goes to the well-stocked bar, fills his or her glass from an ice bucket (which is always supplied with fresh ice), and pours himself or herself a drink from an array of bottles. It is no wonder young people look to chemicals for relief from the slightest unpleasantness.

Our society provides more comforts, more gadgets, more free time, and fewer tedious tasks. There is emphasis in our society on rapid fulfillment of desires and needs. Young people are taught to crave immediate gratification which negates delayed gratification for long-term goals. They are questioning the "Protestant ethic" for the value of work. The cynicism exhibited toward their elders' materialistic values negates the postponing of pleasurable experiences. Having been reared in an affluent society, middle-class youth have little fear of poverty that many of their parents exhibit in their need to accumulate financial security.

In general, adolescents are disenchanted with the values of their elders and see the old myths as unrewarding and meaningless. Those who have been turned on by psychedelic drugs seem to be searching for new personal identities and new ideologies by which to live. There is a close relationship between the socio-cultural attitudes of young persons and their abuse of drugs.

Summary of Motivational Factors

Drug-taking children and adolescents come from many walks of life, from the tiniest village to the largest of cities. The attractiveness of chemicals to make one feel good draws to it the richest of suburban youth to the poorest of slum dwellers. It has no respect for

ethnic lines or religious differences. The motivations for the use of an external recreational chemical are as varied as are the users. Although to isolate these motivational factors provides some understanding of the complexity of the problem, it does not provide us with a tool to instigate prevention.

Dobner, in his article entitled "Motives for Drug Use: Adult and Adolescent" (1972b), suggests that curiosity, imitation, peer pressure, a search for feelings of well being, a search for instant achievement or instant happiness, relaxation, recreation, psychological support, rebellion and rejection of parental values and the search for insigth into himself and to gain identity are the major motivational factors. Girdano and Girdano (1973) add to this such factors as feelings of alienation, expressions of belonging to a subcultural group, boredom, and withdrawal. Availability must certainly be added; whether one considers the availability of drugs a motivating factor or not, it certainly contributes to the use of particular drugs. Cornacchia, Bentel, and Smith (1972, pp. 44-47) go further by suggesting:

> Personal factors involved in drug abuse may center around overwhelming psychic conflict, present especially during adolescence, and center around adult sexuality, hostility, dependency-interdependency issues, and identity diffusion. These conflicts are the results of demands for conforming placed on the individual by society.

The normal agonies of adolescents such as the fear of competition and failure, the fear and reality of homosexuality, or the anxieties

and confusions concerning the whole dating and sexual area can be alleviated at least temporarily by the consumption of mood-altering chemicals.

Drug Addiction and Dependency

The term "drug addiction" is usually reserved for those chemicals producing physical dependency. However, concern has been expressed in referring to drugs as addictive simply because of the misconceptions surrounding the whole area of physical addiction. These misconceptions include the belief that one shot of heroin causes physical addiction or that all users of opiates or their derivatives become addicted.

These misconceptions have led to prejudice and punitive attitudes by society expressed by the courts and law enforcement agencies. In reality, it is well known that the vast number of polydrug users include opiates in their repertoire of drugs. These individuals do not necessarily become physically addicted. More and more individuals have been identified as spasmodic users of heroin with the ability to use it or leave it alone. Heroin users are differentiated from heroin addicts.

A committee of recognized authority from the World Health Organization (1964) preferred the use of the word "dependency" when

referring to the desire for any drug. Drug dependency then could be qualified by the specific drug in question, such as "drug dependency of the barbiturate type." This recommendation to discontinue the use of the word "addiction" has not had popular support nor has it been accepted by the United Nations Commission on Narcotic Drugs.

Physical addiction is characterized by three conditions:

1) Withdrawal symptoms occur upon immediate, complete cessation of the drug taking. Withdrawal illness is noxious in nature and in some cases, depending upon the drug being used, can be fatal.

2) The drug user requires larger and larger doses to produce the desired effect as a tolerance to that drug is developed.

3) A craving develops to continue using the drug even after months or years have passed since the last intake occurred.

The Consumers' Union Report (Brecher, 1972, p. 84) defines an addicting drug as:

> . . . one that most users continue to take even though they want to stop, decide to stop, try to stop, and actually succeed in stopping for days, weeks, months, or even years. It is a drug for which men and women will prostitute themselves. It is a drug to which more users return after treatment. . . . It is a drug which most users continue despite the threat of long-term imprisonment for its use--and to which they promptly return after experiencing long-term imprisonment.

Not all drugs are capable of producing physical addiction, only barbiturates, alcohol, anti-anxiety drugs, opiates, and their derivatives, all of which are depressants, although some drug experts suggest that amphetamines can become physically addictive, but not as potentially as depressants. It is known, however, that drug users can develop a very strong physchological dependency on amphetamines.

The pleasure sought by the intake of mood-altering chemicals is basically one of two different varieties. The intensifiers as the term implies increase the awareness and change the perceptions of the environment in a way that makes the whole world seem enriched. The intensity of this apparent change depends on the drug used and the amount ingested. Marijuana, hallucinogenics, and stimulants have these properties.

The desensitizers, on the other hand, help the individual to withdraw from the world, and they have a calming effect or place the individual in a euphoric state while the real world is forgotten. Alcohol, depressants, and opiates produce these effects.

CLASSIFICATION OF DRUGS

Intensifiers

Classification	Some Examples	Examples of Slang Names
1. Stimulants	Amphetamines	Speed
	Methadrine	Crystal, Meth
	Benzedrine	Bennies, Roses
	Dexedrine	Dexies, Hearts
	Cocaine	Snow, Coke
	Ritalin	
	Caffeine	

Effects

Stimulates respiration; reduces appetite; elevates mood; increases talkativeness, aggressiveness, initiativeness, wakefulness, and confidence; increases motor activity; may produce anxiety, excitement, and confusion; produces suspiciousness.

Possible Adverse Reactions

There is a high potential for psychological dependence but not physical dependence. Severe depression can occur on withdrawal. A "speed freak" may be in poor physical condition resulting from lack of proper food (because of the suppression of appetite) and lack of proper rest; it is possible to collapse from exhaustion. An overdose may be followed by chills, collapse, and loss of consciousness. Fatality from overdose is rare but has occurred.

2.	Cannabis Sativa	Marijuana	Grass, Pot, Weed, Dope, Mary Jane, Joint, Reefer
		Hashish	Hash

Effects

Produces mild alcohol-like intoxication; tends to heighten sensory perception; causes gaiety, relaxation, excitation, talkativeness; increases awareness and involvement; produces pleasurable feeling of well being; increases appetite for food (usually sweets); possible impairment of depth and time perception.

Possible Adverse Reactions

There is moderate potential for psychological dependence but no physical addiction. Extremely heavy use may contribute to reduced motivation.

3.	Hallucinogens	LSD-25	Acid, Windowpane, Orange Sunshine, Purple Wedges, Blue Dots, and others
		Mescaline (from peyote cactus)	
		STP (DOM)	
		Psilocybin (from Mexican mushroom)	
		PCP (animal tranquilizer)	Angel Dust, Peace Pills
		DMT	Businessman's Acid Trip

Effects

Exhibits extraordinarily sensitivity to visual, auditory, or tactile stimuli; produces intense emotional activity; may produce either panic or tranquility; distorts perception of time; alters perceptions (hear colors, see sounds); produces distortion of visual perception, causing hallucinations.

Possible Adverse Reactions

There may be panic reactions (bummers) and "flashbacks." There is a slight possibility for psychological dependency, but no potential for physiological dependency or possibility of fatality from overdose.

Desensitizers

Classification	Some Examples	Examples of Slang Names
1. Depressants	Barbiturates	Golf Balls, Downers, Barbs
	Nembutal	Yellow Jackets, Nemmies
	Seconal	Red Devils, Red Birds, Reds
	Amytal	Blue Devils, Blue Heavens
	Truinal	Rainbows, Tooies

Effects

Produces drowsiness, difficulty in thinking, talkativeness, slurred speech, loss of inhibitions, faulty judgment, respiratory depression, sedation, causes poor memory; acts as a general depressant.

Possible Adverse Reactions

It is physically addictive and can produce unconsciousness. An overdose can be lethal, particularly when mixed with alcoholic beverage. Withdrawal illness is more severe than heroin and can be fatal.

2. Narcotics	Opium	Op
	Opium Derivatives:	
	Morphine	M, White Stuff
	Heroin	H, Smack, Horse, Harry, Stuff
	Codeine	Schoolboy

3. Synthetic Narcotics
   - Methadone
   - Demoral
   - Others

Effects

Produces euphoria, drowsiness, mental clouding, apathy; reduces aggressiveness and sex drive; depresses respiration and slows heart beat; reduces hunger and ability to concentrate on activity; may cause constipation, nausea, and vomiting.

Possible Adverse Reactions

Narcotics are physically addictive. Withdrawal symptoms are similar to a bad case of the flu. An overdose can be lethal. Once a person is physically addicted, it is very difficult to "kick the habit."

4.	Alcohol	Wine	about 50% ETOH (Vol.)
		Beer	about 4.5% ETOH (Vol.)
		Whiskey	about 50% ETOH (Vol.)

Effects

There is a range of effects from slight reduction of reflexes to reduction of inhibitions, impaired judgment, uncoordination of movement, distorted judgment, aggressiveness, and gross impairment of thinking and memory.

Possible Adverse Reactions

Alcohol is physically addictive. Withdrawal symptoms are potentially fatal. High doses may be lethal due to respiratory paralysis.

5.	Solvent Inhalants	Airplane Glue, Rubber Cement	Toulene
		Paint Thinner, Lighter Fluid	Hydrocarbons

Effects

Produces dizziness, floating sensation, breakdown of inhibitions, loss of appetite, grandiose feelings, exhilaration, intense feelings of well being, euphoria, and giddiness; can also cause (depending on substance) blurred vision, drowsiness, stupor, and gross mental disorientation.

Possible Adverse Reactions

Depending upon solvent inhaled, toulene may cause damage to central nervous system, liver, and kidneys. Hydrocarbons can produce hallucinations, seizures, delerium, coma, and, in some cases, death.

This classification in no way covers all the chemical substances known as drugs. It deals only with the more commonly abused ones. Further discussion of the more familiar abused substances may dispel some of the misconceptions and myths surrounding their use.

LSD

LSD (Lysergic Acid Diethylamide) has been the most publicized chemical in the hallucinogen category. It was first synthesized by a Swiss chemist Albert Hoffman in 1937, but its hallucinogenic properties were not discovered until 1943 when Dr. Hofmann accidentally ingested a small amount. Some experimentation occurred shortly thereafter with the hopes it could be helpful in the treatment of mental illness. Various attempts to use it as an adjunct to psychotherapy held some promise. Therapists felt that it reduced the patients' defensiveness and allowed repressive memories to be recalled. However, this psychiatric use of LSD has been disappointing and has not met rigorous scientific requirements of double blind studies which include the comparison of LSD using patients with control groups given placebos and identical treatment.

LSD was not used for pleasure until about 1959. The popularity of this mood-altering drug increased tremendously during the 60's, and the use of it became a major concern to society.

Although LSD is classified as a hallucinogen, the use of it does not produce hallucinations in the true sense of the word. A true

hallucination is seeing something that is really not there. The LSD user sees what is, but in a distorted or in a kaleidoscopically changing form. An LSD trip can be a mystic wonderful experience making the environment seem intensely beautiful with brilliant colors and changing forms. But unlike the hallucinations produced by the intense use of alcohol with the visions of bugs or pink elephants during delirium tremors, the user is aware that the changing forms he sees are not real.

Synthetic LSD is a clear, odorless, tasteless liquid of great potency. Most drug doses are measured in milligrams. LSD doses are measured in micrograms--millionths of a gram. One hundred micrograms is usually a sufficient amount to send most people on a full-fledged LSD trip; the intensity of the trip is dose related.

The hypersuggestibility produced by this drug accounts for the kind of trip experienced. Therefore, the emotional state of the user, and the environment in which the drug taker finds himself, can trigger either a good trip or a bummer. LSD trips are not consistent but are trips into the unknown. They may start slowly with a gradual change in perception or they may start with an explosive force. The major effect is the disruption of sensory input and processing.

A good trip is described in as many different ways as there are drug users. It lasts from six to nine hours or even longer and may include an intensification of color and sound. The senses flow into one another with the allusion of touching sound or hearing color.

Commonplace objects such as doorknobs become fascinating, beautiful objects. Solid objects may appear to undulate in rhythm to music. The passage of time seems to alter. With the rapid flow of sound, color, and changing forms experienced by the individual, his estimation of time is distorted. He may feel that hours have passed during a five-minute period.

A bum trip consists of extreme panic reaction. Some feel this panic reaction is triggered by the sensation of lack of control with the accompanying feeling that the body is coming apart or the world is dead. The prototype individual may become supersensitive and exhibit feelings of persecution along with extreme fear and panic.

Talking a person down from a bum trip is a misnomer. No amount of talking will change the length of the trip or stop it in any way. What the helper attempts to do is to reduce the panic reaction through reassurance and, hopefully, to change the bummer in quality to a good trip. Helping the bum tripper to concentrate on his breathing is reassuring to him that his body can and is able to function. It helps him hold onto reality.

There is no record of fatality in an overdose of LSD as there is in many other chemicals used for recreation. Scientifically, it is difficult to articulate adverse reactions to the street use of LSD because of the adulterants found in the substance ingested. As the use of LSD became widespread in the 60's, reports indicated that the drug was hazardous. Users were being hospitalized or were reported to be

jumping or falling out of windows, throwing themselves under trains, etc. Suicide rate of LSD users increased. Several reasons have been suggested as a cause for this increase in reported dangers. As the effects of the drug became more known, some who wished to try the drug approached the expe.ience with apprehension. Because of the hypersuggestibility produced by the drug, those who were highly apprehensive of it would experience bum trips. The highly publicized ill effects only intensified this problem. The unknown dosage of street drugs plus contamination and adulteration with other substances such as amphetamines and strychnine producing toxic conditions contributed to the problems experienced.

It is universally agreed that persons under the influence of LSD should not be left alone. When this substance hit the black market, many of the users were either unaware of this or ignored it completely, with a resulting increase in accidents. A major cause of the increase in adverse effects was due to the more commonplace availability of the drug. Those individuals of questionable emotional stability are those most likely to experience adverse effects. As Brecher (1972, p. 379) states: "Indeed there is some reason to believe that the young drug scene in general and LSD in particular had a special attraction to these troubled people."

One of the most troubling hazards of LSD use is the occurrences of flashbacks--a sudden and unexpected re-experiencing of some portion of an earlier trip months later. These occur without apparent stimulus

and are not under voluntary control of the individual. The occurrence is startling and causes some of those experiencing this phenomenon to question their own sanity.

Marijuana and Hashish

Marijuana is the popular name for the Cannabis Sativa plant whose psychoactive ingredient is mostly concentrated in the resin. The marijuana used as a drug is made from the dried leaves and flowering tops of the plant, and the quality of the marijuana depends upon the genetic variation of the plant. The actual amount of the psychoactive ingredient varies with the conditions of growth, harvesting, and curing.

Delta-9-tetra hydrocannobinol is usually believed to be the active ingredient which is responsible for the marijuana experience. However, some researchers question the role THC actually plays.

Hashish is produced by drying the resin exuded by Cannabis Sativa. The resulting product is richer in the psychoactive ingredient--one gram of hashish is believed to have the effectiveness of five to eight grams of good marijuana.

Great controversy has been waged over the legal appropriateness of the penalties imposed upon the use of Cannabis. It must be remembered that this substance has been used all over the world since ancient times. In the early history of the United States, records indicate the importance of Cannabis as a commercial product. Our founding fathers grew the marijuana plant for the hemp produced.

Before the invention of the cotton gin, hemp was used not only in the production of rope but also in the making of cloth. George Washington grew hemp at Mount Vernon, and it is surmised that he cultivated it in a manner that was then believed to increase the intoxicating and medicinal potency of the active ingredient--THC. During the nineteenth century, the production of marijuana flourished. Large hemp plantations were located in Mississippi, Georgia, California, South Carolina, Nebraska, and other states, although the center of production was in Kentucky. Both the reduction in number of sailing vessels, with their need for rope, and the invention of the cotton gin were responsible for the decline in the commercial production of hemp. However, as late as 1937, the American commercial crop was estimated at 10,000 acres (Brecher, 1972). During World War II the commercial production increased enormously to meet the demands the war made on the use of rope.

The ban on marijuana legally did not occur until 1933 when Harry J. Auslinger, the newly appointed Director of the Federal Bureau of Narcotics, introduced a "Uniform Anti-Narcotics Act" designated for adoption by state legislatures. By 1937 practically all the states had laws against marijuana. Most of these laws included marijuana under the same rigorous penalties applicable to morphine, heroin, and cocaine. In 1937 the Marijuana Tax was passed. Although it did not actually ban the use of marijuana, it placed a tax on those who

dispensed it, grew it, exported it, or imported it. From that time on Congress passed more and more legislation against Cannabis.

Both state and federal laws placed heavy penalties on either the use, the selling, or the growing of this weed. By 1970 a mass of such oppressive state and federal laws was in operation. In Illinois the penalty for the first time an individual was apprehended for the sale of this substance was not less than ten years and as much as life. A second sale offense required a mandatory life sentence. In Louisiana the penalty for possession by an individual under twenty was not more than ten years with or without hard labor. Texas required a penalty for the first possession offense of not less than two years, but the courts could impose a life sentence. Other states had penalties equally as harsh.

Many thoughtful people were extremely concerned with what appeared to be irrational and oppressive legislation concerning a substance whose effects did not seem to warrant such actions. Young people invariably raised the question of the comparable deleterious effects of marijuana and alcohol. Parents and their offspring were frequently at the two extremes over this question. The proponents of marijuana found the hypocrisy of those who decry the use of marijuana but drink socially as intolerable. As one adolescent said: "It is <u>not</u> all right for me to smoke pot, but it is all right for you to have a cocktail. How stupid can you get?" Perhaps this declaration could

have been more tactfully stated, but it still expresses the argument that the prejudice against marijuana is not supported by the evidence available.

The irony of the situation is well expressed in the book entitled A Child's Garden of Grass (Margolis & Clorfene, 1969). When turning over the Introduction to Chapter VIII entitled "The Dangers of Grass," one finds the total chapter consisted of two words--getting busted.

Goode (1972) states:

> What seems to most people to be "reasonable" and "natural" nearly always turns out to be that which is socially acceptable. . . The way that dominant members of society look at things is supposedly the way things "actually" are. In reality, the dominant view on a given subject (as with every view) is typically shot through with value judgments, with ideological and moralistic assumptions that bear no necessary relationship to the phenomenon in question. Yet such views hide behind a mask of objectivity.

Another favorite argument of the marijuana protagonists is the theory that if one starts smoking grass, he will eventually end up using heroin. This theory postulates that pot will lose its appeal because it is not strong enough or that it does not provide enough thrill. Therefore, the user will progress from one drug to a more potent drug until he is hooked on heroin. This fallacious logic implies all heroin addicts started their drug experiences on marijuana; then, all marijuana users become heroin addicts. The foolishness of this argument is illustrated if one postulates that all alcoholics started their drinking habits with beer, so all beer drinkers will become alcoholics.

A study done in a Philadelphia methadone clinic reported in a June 1973 issue of Addiction and Drug Abuse Report found that in 1969, 72.6% of its new patients had started with marijuana as the drug they had first used. However, by 1971 this percentage had dropped to 46.5%, and in 1972 to 31.1%. This study also indicated that many of their new patients in 1972 started their drug usage with narcotics.

Both federal and state governments have recognized the discrepancy between the severity of the laws and the hazard of use. Reduction of severity of punishment has been accomplished in many states with the penalty for marijuana possession changed from a felony to a misdemeanor.

Much research has been done attempting to determine the effects of marijuana on health. Conflicting reports have been published. Allegations as to the harmful effects of pot have appeared in reputable scientific journals. However, the methodology of much of this research has been criticized as being inappropriate or inadequate. For example, Dr. Heath (1973) at Tulane University implanted electrodes into the brain of six rhesus monkeys in order to measure brainwaves. He then exposed the monkeys to heavy doses of marijuana smoke. After his monkeys had been exposed to large doses daily for months, he found persistent changes in the brain waves. Two of his monkeys' brains, upon examination, were found to have structural alteration of the cells in the sepial region. However, the dosage of marijuana to which the monkeys were exposed would be equivalent to smoking 30 marijuana

cigarettes 3 times a day for 6 months. The abuse of any substance to that extent would be detrimental if not lethal. To extrapolate this data to humans, one could cogitate on the effect of eating 30 candy bars 3 times a day for 6 months or drinking that many martinis.

After reviewing many studies, Brecher (1975, p. 149) states:

> Out of all these many studies . . . a general pattern is beginning to emerge. When research findings can be readily checked--either by repeating the experiment or by devising a better one--an allegation of adverse marijuana effects is relatively short-lived. No damage is found, and after a time the allegation is dropped (often to be replaced by allegations of some other kind of damage due to marijuana).

Allegations of this sort made in newspapers, magazines, and other news media only perpetuate many of the misconceptions concerning marijuana. The general public is in no position to evaluate the efficacy of the research. Consequently, they continue to believe the results reported.

A larger and larger group of organizations and individuals are objecting to the harsh laws governing the use of marijuana, by claims of physical and psychological harm resulting from its use. They will admit there may be infrequent, undesirable, subjective effects stemming from marijuana use, but they feel the deleterious effects do not warrant the laws now being enforced. Some of the groups who are in support of removing penalties for marijuana possession include the National Science Foundation, the President's Commission on Marijuana and Drug

Abuse, the American Bar Association, the National Institute of Mental Health, and the Board of Trustees of the American Medical Association.

Amphetamines

Amphetamines are a class of synthetic drugs which stimulate the central nervous system. Although they are now a common illicit street drug, they have been used medically with considerable success. Although they were first synthesized in 1887, it was not until the 1920's and '30's that they were used to treat medical problems. Narcolepsy, a disease in which the patient falls asleep repeatedly, responds well to this medication. It was also discovered that hyperactive children, when given amphetamines, instead of making them more active as one would expect, helped them in concentrating on their school work. Thousands of youngsters in our classrooms today are maintained on one or another type of amphetamine. The controversy over this type of treatment has not been resolved.

Amphetamines were prescribed as diet pills in the 1950's and 1960's as they have the capacity to suppress hunger. As a stimulant, amphetamines ward off sleepiness. Truck drivers with long hauls to make find them helpful. Students studying for exams use them.

Young people having discovered the sense of well being they produce, began using amphetamines as recreational chemicals. Most doctors, concerned with what appeared to be a psychological dependency on amphetamines, stopped prescribing these drugs for weight reduction.

The federal government, being concerned as vast quantities of amphetamines were being sold as street drugs, placed restrictions on their use with careful control on their production. Yet the number of speed freaks continued to rise.

The oral use of amphetamines can have unfortunate results. A tolerance is built up to this drug, and there is some evidence that certain individuals actually develop a physical addiction. Again, it must be emphasized that different individuals have different reactions to the same chemical; but, in general, amphetamine abuse may lead to insomnia, nervousness, talkativeness, agitation, and, in some cases, even violent behavior. The abuser may be unable to sleep and may experience an increase in energy, elevation of moods, and a feeling of confidence. However, prolonged use of the drug is followed by mental depression and fatigue. Paranoid feelings and suspicion of other people may ensue, accompanied by other psychotic symptoms. Because amphetamines often reduce the desire for food, the prolonged heavy user may appear emaciated, not as an effect of the drug, but because lack of proper diet, accompanied by vitamin deficiency.

Amphetamines are normally taken orally, but some heavy abusers prefer intravenous injection. Although some young people have tried injection of the drug once or twice and then discarded it, many continue. The reinforcement value of intravenous use is great. The effect of this means of use is different than that of popping pills. The experience has been described as a "whole body orgasm;" it is

ecstatic in nature. Usually the user will inject amphetamines once every few weeks. Gradually the time interval shortens and the number of injections within a short period of time increases. Finally, the speed freak injects his drug many times a day and remains awake three to six days to be followed by a day or two of profound sleep. Upon waking, the speed freak starts another "run" for several days, after which he crashes for more profound sleep. The long-term intravenous use of amphetamines almost inevitable results in paranoid psychosis. However, for most individuals, the psychotic symptoms dissipate after six months to a year of abstinence. The sudden termination of use of this drug is very difficult because of the fatigue the abuser experiences. It is extreme at first, but gradually diminishes with time.

The compulsive speed user is generally middle class, usually white, and is totally lacking the skills used by the heroin addict to hustle the money necessary to support his habit. The typical speed freak sponges off others or deals in drugs. He cheats--usually other speed freaks who are paranoid like himself. They often live in a community where everyone is cheating or sponging off everyone else. The potential for violence is great and when it does erupt, it may include high-level violence such as homicide and rape.

Drug users are familiar with the phrase "speed kills." Actually, there have been very few cases of death attributed to amphetamine overdose. Confirmed drug users, knowing the effects of amphetamine

abuse on the life style of the abuser, prefer not to get into that hastle. There has been a drop in the number of speed freaks in the last few years, partially due to this and partially due to the progression from amphetamine abuse to heroin abuse.

The intravenous use of amphetamines gives individuals an incredible sense of power. It is no wonder that this particular drug has appeal for individuals who lack self-confidence or have a low opinion of themselves. Whereas the use of barbiturates or heroin only tends to increase their sense of worthlessness, amphetamines make them feel extremely potent and good about themselves.

Alcohol

Alcohol is considered to be the most abused drug of all, yet alcohol consumption is a way of life in the USA. Most people who drink do not become alcoholics. The drinking of wine is an integral part of many religious ceremonies, and alcoholic beverages are served in many homes as a sign of hospitality. Americans are extremely ambivalent in their attitudes towards alcohol. The use of it is involved with at least several of its cherished values, yet the stumble bum of skid row, the stereotypical alcoholic, is abhored.

Although difficult to determine, it is estimated that somewhere around five to ten million people in this country suffer from alcoholism. There may be another four million who abuse alcohol, which leaves

millions of Americans who are occasional or very moderate drinkers. Perhaps two-thirds of Americans drink, whether modestly or abusively.

The problem of alcohol abuse became so evident that President Nixon in 1970 signed into law the "Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act" which was passed unanimously by both houses of Congress. The enactment of this law underlined the seriousness of the problem facing America.

Since that time the situation seems to have worsened progressively. The alcoholic adolescent has become more and more visible with children as young as fifteen being physically addicted to alcohol. One high school teacher remarked that he couldn't get used to students arriving to eight o'clock classes with alcohol on their breath.

Although the use of alcohol is more accepted than the use of other recreational drugs by Americans, parents and mental health workers alike are becoming alarmed at the rapid growth of preference for alcohol exhibited by young people.

The increase of alcohol use among teenagers has so concerned communities as to cause a re-evaluation of the attack on the preventive programs. There has been an increased push to get information concerning alcohol abuse to the potential teenage abuser. Some programs are stressing the causes rather than the effects of alcoholism. Rather than telling adolescents they should not drink, these programs are

concentrating on helping students solve their personal problems which may cause them to turn to drink. These programs are encouraging teachers to offer guidance for students in helping them deal with stress in their lives. The concern with self-concept is very great. It is postulated that students who feel inadequate are more vulnerable to drug abuse, and the handy drug available may be alcohol.

The potential hazard of alcohol is not recognized by a large segment of our population due partly to the fact that it is a legal drug and one which is familiar. Samuel Irwin (1974) ranked many of the recreational drugs according to their potential hazard to the individual when there was maximum chronic abuse. Seven physicians or scientists ranked and assigned weights to such hazards as potential death, tissue damage, psychomotor impairment, physical deterioration, social deterioration, overdose hazard, physical dependence hazard, rapid loss of control, and psychological dependence. The same type of ranking was done on hazards to society with violence, impaired judgment, impaired coordination, impaired vigilance, social deterioration, passivity, and rapid loss of control as the variables. He then assigned adjusted weights to each of many of the recreationally used drugs on these variables. When converting these scores to percent of total possible score, distilled spirits headed the list, both for hazards to the individual and hazards to society. These were 81% for individual hazards and 79% for social hazards. Next came wine, with 77% and 79%, respectively. Secobarbitol ranked next with 65% and

83%, while heroin ranked 48% and 47%. Marijuana was considered more dangerous than only caffeine, cigars, and coffee, with a percentage of hazardness of 25% for individual and 29% for social.

As with all drugs, the deteriorating effect of alcohol is related to the dosage as well as the frequency of use. Ethyl alcohol or ethanol is the active ingredient which causes intoxication. Three ounces of 90-proof whiskey may produce relaxation, slight reduction in reflexes, and increased talkativeness. Approximately six ounces of 90-proof whiskey can cause slurred speech, impaired judgment, uncoordination of movement, reduced inhibitions, and some loss of emotional control. Nine ounces of 90-proof whiskey may cause gross intoxication, disturbed judgment, impaired gait, and aggressiveness. Eighteen to thirty ounces of 90-proof whiskey can cause coma, respiratory cessation with resulting death. As with barbiturates, the amount of alcohol necessary to keep one drunk varies from individual to individual. Also, the effects upon one individual vary from one occasion to another. At any cocktail party one drunk may be quarrelsome and unpleasant while another may be affectionate and playful.

Until very recently, alcoholism was a legal problem rather than a medical one. Those who were drunk were locked up in the local jail. However, the attitude toward alcoholism is changing and various states are beginning to recognize the need to treat alcoholics as ill rather than as criminals. Detoxification centers located in hospitals and treatment centers with psychological medical help are becoming more

prevalent. Alcoholics Anonymous, a self-help group, is organizing AA groups specifically for teenagers. The realization that alcoholism affects teenagers not only as consumers but also when living with a problem-drinking parent has been influential in the establishment of Alateeus. These groups are part of Alcoholics Anonymous whose purpose is to provide understanding and direction to those teenagers whose lives have been disturbed by alcoholic parents or other relatives.

Barbiturates

Barbiturates, central nervous system depressants, have been a boon to the medical profession in dealing with insomnia, agitated states, and many other disorders. The management of epilepsy with this drug has given many such patients a chance to live a normal life. Phenobarbitol was introduced in 1912 and since that time more than 2,500 barbiturates have been synthesized. Unfortunately, with the wide use of this drug, abuse began among patients who used this drug to avoid the problems of life. It rapidly became apparent in the 1930's and 1940's that the misuse of this drug was potentially dangerous.

There is a parallel between the short-acting barbiturates and alcohol. Both substances cause intoxication; both are physically addictive. Barbiturate addicts suffer much the same withdrawal symptoms as alcoholics, including delirium tremors. Abrupt withdrawal from either may result in death.

The amount of barbiturates needed to keep an addict drunk varies from individual to individual. However, sudden withdrawal from this substance progresses through definite stages. A barbiturate addict, suddenly deprived of his downers, will at first seem normal, then "the shakes" and anxiety set in, accompanied by vomiting. The next stage is more dangerous, as convulsions develop, and finally a life-threatening condition occurs with accompanying hallucinations and delusions. Death can occur.

A cross tolerance between alcohol and barbiturates is built up in the human body by either of these drugs. A barbiturate addict, as he increases his doses, also increases his tolerance for alcohol and can drink enormous amounts of alcohol. This also works in reverse. A hard-core alcoholic builds up a tolerance to barbiturates and could tolerate a large quantity of barbiturates the first time he tried them. The simultaneous consumption of these two substances is dangerous. The mixing of alcohol and barbs is not at all uncommon among polydrug users and has undoubtedly caused many accidental deaths. The margin between the maximum dose that an addict can handle and a lethal dose is narrow. When the two are mixed, it is hard to determine that margin. Accidental death can also occur just because of the mind-clouding effect of the barbiturates. An individual concerned that he may not sleep takes one or two pills. Still being awake a little later, forgetting that he had already consumed some, takes some more.

Barbiturates are abused by adolescents and adults alike, and the rate of misuse is second only to alcohol. In the slums and ghetto areas where life is harsh, the barbiturates offer a way out. Being stoned on barbs makes the ugliness and difficulty of life a little less intense. Its sedative action clouds the senses, preventing the reality of the environment to impinge upon the user's perceptions. Barbiturate use is commonplace in the inner cities. They are less expensive than heroin and readily available. The commonplace use of both barbiturates and alcohol intermixed only adds to the problem.

Generally, the adjustment of those individuals who have become dependent on barbiturates is not good. To avoid facing life with all its anxieties and strains, constant use of barbiturates prevents individuals from becoming constructive, productive citizens. Those who seek this way out usually have psychological problems which need attention. The underlying reason people take this drug varies from person to person.

In any rehabilitation program for the barbiturate addict, the psychodynamics of the drug dependency must be dealt with. Those groups of individuals who are subject to special tensions find barbiturates a way of escape. Being stoned on barbiturates is an adjustive mechanism used to deal with a style of life over which they have no control.

Heroin

Although all narcotics are abused, the one which the mass media, with its lurid stories, has helped make familiar to the general public is heroin. Heroin is a narcotic. Strictly speaking, narcotics refer to opium and its derivatives such as morphine and heroin. A group of drugs known as synthetic narcotics, of which methadone is an example, are not derived from opium. However, they resemble morphine and heroin in their effects.

The increase of the number of young people addicted to this drug, with all its ramifications, has become a blight upon the American scene. Heroin's potential for physical addiction with the tolerance effect has been instrumental in creating a large group of young people whose whole purpose in life is to get the next "fix." This craving for heroin has led to delinquent behavior or criminal acts on the part of young people. Few have the wherewithal to support a strong drug habit. It is necessary, then, to resort to illegal means to get the "bread" to buy a "fix." Girls often resort to prostitution to make the ready cash, while boys turn to robbery or mugging for their money. For a young person who is really hooked, the life style may change completely. Every waking minute is spent in obtaining enough money for the next "fix," making the "connection" to get the "stuff" and then enjoying the few hours while high. This whole cycle is repeated over and over again. The need to resort to antisocial behavior to obtain

the funds contributes to the crime evident in the inner cities. Heroin addicts tend to congregate in cities, as the opportunities for obtaining the money to support such an expensive habit are greater there. Heroin is also one of the preferred drugs of those living in slums, as its capacity to help the addict psychologically withdraw from the surrounding environment alleviates the stresses and dismalness with which they are surrounded.

The cost of a strong heroin habit can be high. Some heroin habits have been known to require $80 to $100 a day to support. Consequently, a brisk business in the illicit marketing of heroin has developed in this country with all it entails.

Opium is easily grown and is cultivated in China, Greece, Iran, Laos, Thailand, Turkey, and other countries. Despite the attempts to control smuggling of this product, much comes into the United States. Morphine is extracted from opium and then converted into heroin. The equipment necessary is simple and relatively inexpensive with much less equipment than is needed for the distillation of alcohol. If an estimated 250,000 to 315,000 or more addicts pay on the average of $20 a day, it is evident that the amount of money to be made by the black market entrepreneur is tremendous (Breacher, 1972).

It has been recommended, time after time, in the recent history of the United States by various commissions, medical societies, and individual doctors, that heroin be sold to addicts by clinics on an experimental basis at the price that legally prescribed morphine is sold.

The price is a fraction of what they pay on the black market for hazardous, adulterated, and contaminated heroin. Such a procedure would circumvent the illicit selling of this drug by eliminating the market. Controlled legal selling of heroin would also control the purity of the product.

The dangers connected with heroin addiction are not associated with the physiological effects of heroin on the body. Heroin death contributed to overdose is rarely caused by too much of the drug itself. In fact, various studies have shown that even enormous amounts of morphine or heroin do not kill addicts. The great number of addict deaths are considered to be due to various circumstances. It might be due to contaminations of the black market product or the injection of heroin with or just after other central nervous system depressants have been consumed.

Because the favored way of using heroin is by injection (mainlining) and because the addict usually cares little about aseptic conditions, other physiological problems can arise. The continuous use of a hyperdermic needle can collapse veins, leaving ugly, even ulcerated marks at the point of injection. A high incidence of hepatitis and other diseases is present among heroin addicts. VD among female drug addicts is a direct result of prostitution practices to obtain money.

Evidence for the actual dilatory effects of heroin on the body is nonexistent. Continuous use of opiates seems not to have any adverse effects on the brain or any other body organs. Yet the cost to society

concerning the use of this drug is tremendous. Deaths connected with the use of heroin are high; the methods used to obtain the funds to purchase heroin only add to our problems of the conflicts with the law and contribute to the delinquency and disruptive behavior of our young people.

Rehabilitation

A very large percentage of all treatment procedures for drug addiction is concentrated on attempts to rehabilitate the opiate addict. There is a wide diversity of treatment methods used. None of these has demonstrated a high cure rate if cure is defined as total abstinence of all drugs. The lack of complete understanding of drug addiction adds to the confusion concerning treatment. Two of the more promising methods of treatment are methadone maintenance techniques and therapeutic communities.

Methadone maintenance is now the most widely used method for rehabilitation of the heroin addict. Methadone, a synthetic narcotic, is an addicting drug which creates a blockade effect to the euphoric effects of opiates. If an individual uses heroin while on maintenance doses of methadone, he will not experience the usual euphoria of heroin usage. Methadone maintenance clinics established primarily in cities not only provide the addicts with their daily dose of methadone, but also provide

additional treatment such as group counseling, family therapy, and vocational training.

The critics of methadone treatment decry the use of one addictive drug to replace the other. However, the use of methadone as a treatment has had considerable success. The advantages of being addicted to methadone in lieu of heroin are several. First, methadone can be administered orally. This eliminates the hazards accompanying "mainlining" with its diseases caused by use of unsterile needles. Second, methadone is very inexpensive and is administered either free or at a very minimal charge. The advantages of this are tremendous inasmuch as the crime rate actually drops in areas where methadone clinics are located. There is no longer need to participate in antisocial behavior to obtain the money to support a heroin habit. Third, methadone is a long-acting drug in contrast to heroin which is a short-acting drug. A patient on methadone can take his oral dose of methadone in the morning and it will sustain him for twenty-four hours. Thus, it frees him to pursue a normal productive life.

Another approach to rehabilitation of the heroin addict is the therapeutic community. Therapeutic communities are residential treatment centers which provide a therapeutic milieu in an attempt to deal with the psychological factors underlying addiction. The emphasis is on the individual's need to change himself and his life style to prepare him to withstand the old influences upon his re-entry to the street.

Therapeutic communities screen out, in their intake procedures, all those individuals who are not highly motivated to really "kick the habit." The programs are very structured and difficult for the addict to go through. Even with their screening procedures, a large proportion of those who enter themselves drop out within the first month.

Most of the therapeutic communities are run by ex-addicts who themselves have been through the program. Encounter groups and other group therapy techniques are used to help the individual thoroughly understand his weaknesses and strengths in order to effect change.

Summary

The use of drugs continues to increase in the United States. Although not all users are abusers, the number of young people dependent on drugs alarms and concerns the American people as drug abuse is a continuous threat to national health and welfare. Drug abuse potentiates the possibility for delinquency and disruptive behavior both in the effects on the individual and on society. The need for society to understand the many ramifications of this problem is paramount for the abuse of drugs is a phenomenon which will be with us for many years to come.

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